

**THE STATE OF NEW JERSEY RECOGNIZES THE SPECIAL NEEDS OF THOSE BRUTALIZED BY CRIME. IN PROVIDING SPECIFIC MONETARY COMPENSATION AND OTHER CRITICAL SERVICES, THE VICTIMS OF CRIME COMPENSATION BOARD IS GOVERNMENT AT ITS HUMANITARIAN BEST, SHARING AND HELPING TO ALLEVIATE THE CRIME VICTIM'S BURDEN BECAUSE IT IS THE RIGHT THING TO DO.**

**\* PLEASE READ ALL INFORMATION ON THIS SHEET BEFORE COMPLETING THE APPLICATION \***  
**WHEN COMPLETED MAIL THE APPLICATION TO:**

**VICTIMS OF CRIME COMPENSATION BOARD  
50 PARK PLACE  
NEWARK, NJ 07102**

**1. ELIGIBILITY**

**A) WHO IS ELIGIBLE**

- \* A victim of crime who has sustained personal injuries, or
- \* A surviving spouse, parent/guardian, child or other relative dependent for support upon a victim of a crime who died as a direct result of such crime, or
- \* A person injured while trying to prevent a crime or while assisting a police officer in making an arrest.

NOTE: If claimant is a minor, claim must be signed by a parent or guardian.

**B) PRECONDITIONS FOR ELIGIBILITY**

- \* Claim must be filed within 2 years from the date of the personal injury or death, or after 2 years if the Board determines that good cause existed for the delayed filing.
- \* The crime must be reported to the police within 3 months after the occurrence.
- \* There are no minimum loss requirements for incidents on or after June 26, 1995.
- \* The victim must cooperate fully with the police and prosecutor's office, however, eligibility is not dependent upon conviction or prosecution of offender.
- \* Failure to cooperate with the Board investigator or failure to inform the Board of a change of address will result in a denial of compensation.
- \* If you have any outstanding VCCB assessments imposed for convictions, they must be paid in full before you can receive any compensation.
- \* Any person who is injured while incarcerated for conviction of a crime is not eligible for compensation.

**NOTE:** Victims may not be entitled to an award if they contributed to their injuries, provoked the incident, or participated in an illegal activity when injured. If the victim is the person responsible for the crime or an accomplice of such person, the victim is not eligible to receive an award.

**2. COMPENSATION BENEFITS**

- \* Medical costs and lost wages or support may be compensable, (\$25,000 maximum for crimes committed after 12/5/82). Moneys received from any other source will be taken into consideration before determining your award. The Board is not empowered to make awards for pain and suffering or property loss.
- \* Funeral benefits of up to \$3,000.

**\* Emergency Awards**

You may be eligible for emergency financial assistance if you are employed and unable to work and face undue hardship as a result of crime related injuries.

If you are at least 60 years of age or determined to be disabled and meet financial guidelines, you may be eligible for reimbursement for stolen cash up to \$200 from an assault and robbery, for those crimes committed after June 26, 1995.

**\* Counseling Services**

The Board provides counseling referral services to assist in the emotional and physical rehabilitation of the victim and family members. (See last page of application.)

- \* You have the right to be represented before the Board by an attorney at no cost to you. The law provides for all legal fees to be paid by the Board **only** if it grants an award of compensation. An attorney shall not ask for, contract for, or receive from the claimant any sum other than the fee set by the Board.

- \* A statewide toll-free HOTLINE has been set up to provide assistance.  
CALL 24 HOURS: **1-800-242-0804**

**RESTITUTION . . .** is payment made by assailants to their victims, which is ordered by the court in a criminal proceeding. It may include compensation for property loss or damage, or for medical expenses. When made a condition of probation, failure to pay restitution could result in a jail sentence for the criminal. Restitution is now mandatory where offender has the ability to pay. Please consult your County Victim-Witness Coordinator, in your County Prosecutor's Office.

### **3. PROCESSING YOUR CLAIM**

- \* You will be asked to submit information to support your application first as to eligibility for compensation and, then, for benefits to be awarded. A Board claims processor will be assigned to your claim.
- \* Your claim will be addressed in the order in which it was received. You will receive a written summary of the Board's findings as to eligibility. A recommendation as to the amount of compensation will follow at a later date.
- \* You will have 20 days from the date of the eligibility or compensation recommendation to advise the Board in writing whether you accept it. If you disagree, you are entitled by statute to a hearing before the Board. At the hearing you will be given an opportunity to submit proofs and be represented by an attorney.

**For additional information or assistance in completing the application, call (201) 648-2107.**

**State of New Jersey  
Victims of Crime Compensation Board  
Application**

FOR OFFICE USE ONLY

CLAIM NO. \_\_\_\_\_

DEATH\_\_\_

PERSONAL INJURY \_\_\_

E.S.C. \_\_\_

**A separate application must be completed for each victim.**

**SECTION I (All applicants must complete this section) PLEASE PRINT**

**VICTIM INFORMATION**

**Title** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
M\_\_\_\_\_ \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

**SEX** Male \_\_\_ Female \_\_\_ **DISABLED** (Before the incident) YES\_\_\_ NO\_\_\_

**RACE** (For Federal Statistical Report Only) White\_\_\_ Black\_\_\_ Hispanic\_\_\_ Native American\_\_\_  
Asian/Pacific Islander\_\_\_ Other\_\_\_

**MARITAL STATUS** Single\_\_\_ Married\_\_\_ Separated\_\_\_ Widowed\_\_\_ Divorced\_\_\_

**DATE OF DEATH** \_\_\_\_\_ ( If as a result of the incident) **Please submit death certificate.**

**CLAIMANT INFORMATION** (Person applying for compensation, if different than victim)

**Title** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Relationship to Victim** \_\_\_\_\_  
M\_\_\_\_\_ \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

**Has victim or claimant files other applications with the VCCB? YES\_\_\_ NO\_\_\_**

**Claim Number(s)** \_\_\_\_\_

**Nearest friend or relative NOT living with the victim/claimant:**

**Name** \_\_\_\_\_ **Relationship to Victim** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Phone ( )** \_\_\_\_\_ **Work Phone ( )** \_\_\_\_\_

**SECTION 2 -- POLICE / CRIME INFORMATION**

(All applicants **MUST** complete this section or claim will be returned for lack of sufficient information.)

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_

Location of Incident \_\_\_\_\_

Police Department \_\_\_\_\_ Date Reported \_\_\_\_\_

Police Central Complaint No. \_\_\_\_\_ Prosecutor's File No. \_\_\_\_\_

Offender(s) if known \_\_\_\_\_

**DESCRIBE THE INCIDENT:** \_\_\_\_\_

\_\_\_\_\_

**Please supply a copy of the complaint and/or restraining orders filed against the offender(s)**

**SECTION 3 -- MEDICAL INFORMATION**

Briefly Describe Injuries \_\_\_\_\_

\_\_\_\_\_

Hospital Name \_\_\_\_\_ Dates of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Name \_\_\_\_\_ Dates of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_ Dates of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please attach copies of receipts for all out-of-pocket expenses that are a direct result of the incident. Attach all medical and/or funeral expense bills, insurance statements and Charity Care determination.

**PLEASE SEND COPIES ONLY - KEEP ORIGINALS FOR YOUR RECORDS.**

All applicants seeking compensation for medical bills must submit these bills first to any insurance carrier or other sources available to pay medical bills. **THE VCCB IS THE PAYER OF LAST RESORT.**

**CHECK ALL INSURANCE OR BENEFITS TO WHICH YOU ARE ENTITLED:**

	Insurance Carrier and Policy Number
Health Insurance _____	_____
Major Medical _____	_____
Medicaid _____	_____
Medicare _____	_____
Car Insurance _____	_____
Life Insurance* _____	_____

\* If you checked life insurance, was there a double indemnity clause? Yes \_\_\_ No \_\_\_

If "Yes", what was the amount paid out under that portion of the policy? \$ \_\_\_\_\_

## SECTION 4 - VICTIM'S EMPLOYMENT INFORMATION

(To be eligible for loss of earnings, you must have been employed on the date of the crime and be able to prove that you filed tax returns on that income by supplying last year's tax return.)

Did you miss work as a result of crime related injuries? YES \_\_\_\_ NO \_\_\_\_ UNEMPLOYED \_\_\_\_

If NO, go to section 4-B.

If YES, complete section 4-A and attach copies of your most recent pay stubs for the week prior to the incident and the week you returned to work.

### A. Loss of Earnings

Employer's Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates absent from work due to crime related injuries: From \_\_\_\_\_ To \_\_\_\_\_

Supply your pay stubs from the week before the crime, and the week after the crime, (if applicable).

Did you apply to State Disability for reimbursement for lost wages? YES \_\_\_ NO \_\_\_

If YES, supply all notices received from State Disability.

If NO, supply a disability note from your doctor to establish the period of disability.

NOTE: If you are self-employed, you **must** supply copies of your income tax returns for the last years.

### B. Loss of Support

Loss of support may be awarded for dependents of homicide victims. Please supply copies of the victim's income tax returns for the last three years in order to be eligible for loss of support. Complete the Dependent information requested below.

Dependent's Name	Date of Birth	Social Security #	Address	Relationship to Victim

## VICTIMS COUNSELING SERVICES (VCS)

To obtain counseling services you must file a completed claim form and comply with the Board's regulations which are explained in the instructions. To specifically ask for counseling services, check the counseling request box below and provide a phone number where you can be reached during our office hours.

YES \_\_\_\_\_ I request counseling referral services. I can be reached between 9:00 a.m. and 4:30 p.m. at this phone number (    ) \_\_\_\_\_ .

A police report or letter from the prosecutor's office describing the incident and highlighting the victim's innocence is necessary prior to authorization for mental health counseling. Cooperation with law enforcement officials is also a precondition. A compelling health or safety reason for the victim's lack of cooperation may excuse such failure to cooperate.

Minor victims must apply for assistance through a parent or guardian, or on their own behalf within two years after they reach the age of eighteen. Parents of minor victims may be eligible for counseling where it helps in the recovery of the child.

The psychological needs of immediate family members of crime victims may also be met.

**If you are currently receiving counseling, please provide the name and address of your therapist:**

Name \_\_\_\_\_ Address \_\_\_\_\_

**COMMENTS** Please use this space for any further matters you wish to bring to the attention of the Board.

\_\_\_\_\_

**IMPORTANT** - Who referred you to the VCCB? \_\_\_\_\_

**SECTION 5 - ATTORNEY REPRESENTATION** If you are represented by an attorney in this claim please complete:

Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(    ) \_\_\_\_\_

Are you represented by a private attorney in a related civil lawsuit or insurance action? YES\_\_\_ NO\_\_\_

Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_

**SECTION 6 -- SIGNATURES** After completing application, sign below where indicated with an **X**. **DO NOT PRINT.** This Authorization to Obtain Records is necessary to the Board for the release of information from your doctors, hospital, employer, police and prosecutor, so that the Board can process your claim.

**AUTHORIZATION TO OBTAIN RECORDS**

**TO WHOM IT MAY CONCERN:**

I/WE HEREBY AUTHORIZE THE N.J. VICTIMS OF CRIME COMPENSATION BOARD OR ITS AGENT, REPRESENTATIVE OR BEARER TO INSPECT, REVIEW, AND MAKE COPIES, INCLUDING PHOTOSTATIC COPIES, OF ALL MEDICAL RECORDS, AND RECORDS PERTAINING TO MY EMPLOYMENT, EARNINGS, INCOME OR GRANT FROM ANY AGENCY, ATTENDANCE, HEALTH RECORDS AND ANY OTHER RECORDS PERTAINING TO OR RELATED TO MY EMPLOYMENT OR ECONOMIC ASSISTANCE, AND POLICE/PROSECUTORS REPORTS NECESSARY TO DETERMINE QUALIFICATION FOR COMPENSATION.

Photostatic copies of this authorization will be considered as valid as the original.

**CLAIMANT SIGNATURE (X)** \_\_\_\_\_ **DATE** \_\_\_\_\_

I agree that in the event that I or my attorney are successful in recovering moneys related to this claim from any source, including civil suit awards or settlements, I will notify the Victims of Crime Compensation Board and repay the Board up to the amount awarded under this claim.

I agree that all unreimbursed and unreimbursable out-of-pocket expenses for services provided in my behalf in connection with this claim be paid by the Victims of Crime Compensation Board directly to the provider of the service.

I declare that under penalty of fine and/or imprisonment as authorized by N.J.S.A. 2C:28-3 that I have read and understand this claim, and the information provided is true, correct and complete to the best of my knowledge.

**CLAIMANT SIGNATURE (X)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTE:** All claimants must sign. If claimant is a minor, or incompetent, claim must be signed by a parent or guardian.